

Name  
in  
Full

James R. Bacon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

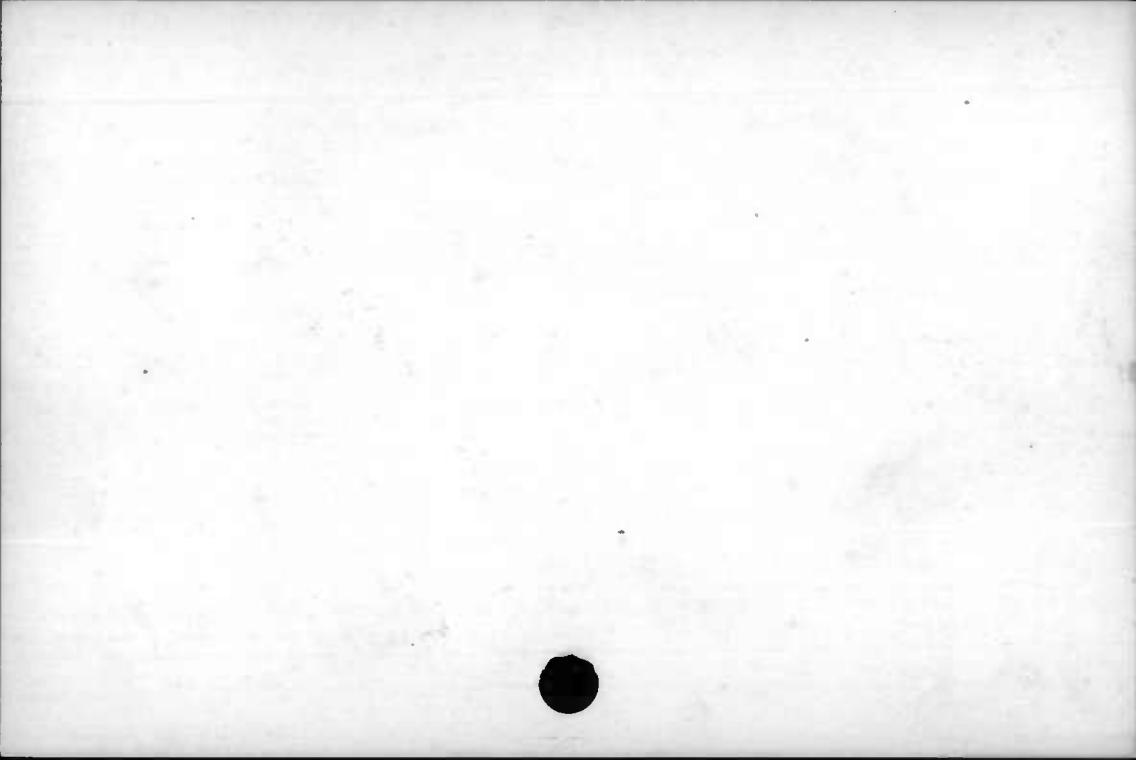
Died at <i>Mar Oakland Mills</i>		County <i>Howard</i>		MARYLAND	
Date of death 190	Month <i>8</i>	Day <i>12</i>	Age	Years	Months <i>8</i> Days <i>4</i>
Sex <i>male</i>	Color or Race <i>black</i>		Birth-place <i>md</i>		
Occupation <i>Infant</i>		Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Asaiah Bacon</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Mary E. Bailey</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Isaac Bacon</i>	How related to deceased <i>father</i>				

## CAUSES OF DEATH

(61)

PHYSICIAN  
OR CORONER

Primary	<i>Spinal Meningitis</i>	How long	<i>8 mos</i>
Immediate	<i>concessions</i>	How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Whitman M.D.</i>
		Address	<i>Savage</i>
Accident or Suicide?	<i>no</i>		<i>md</i>



Name  
in  
Full

Mary C. Barnes

## CERTIFICATE OF DEATH

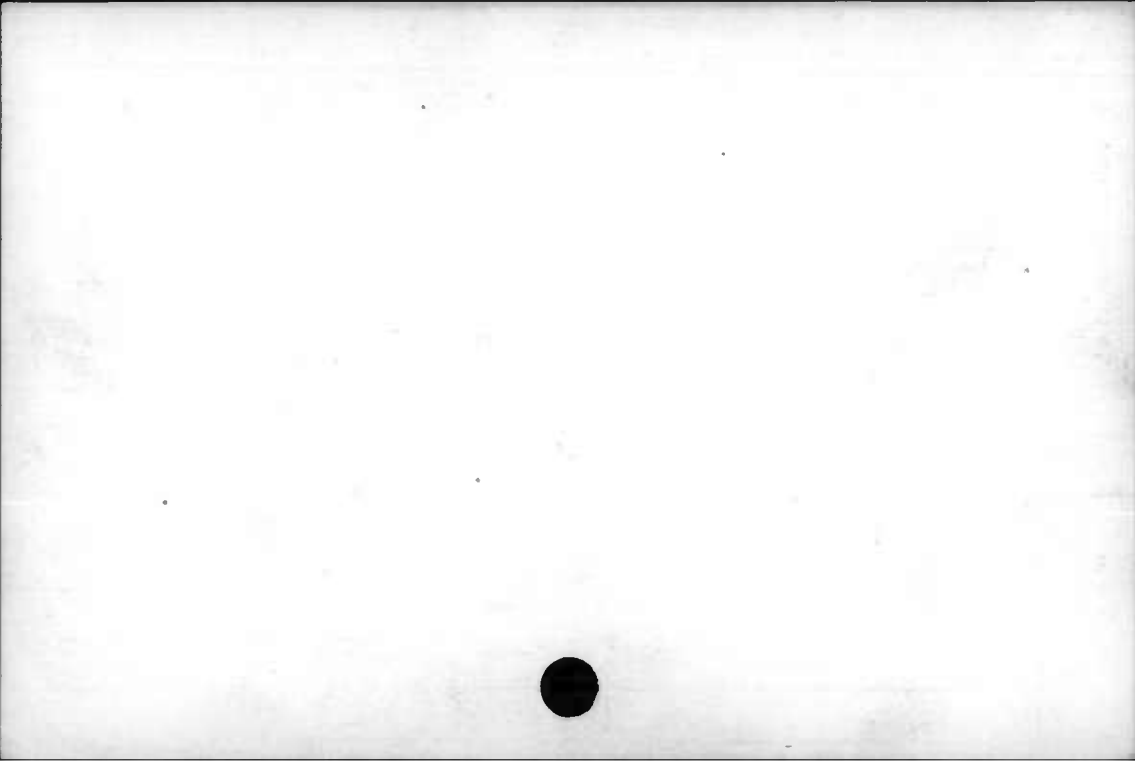
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>alpha</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>March</i> <sup>Month</sup>	<i>24</i> <sup>Day</sup>	<i>about 60</i> <sup>Years</sup>	<i>0</i> <sup>Months</sup>	<i>0</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Chickasaw Md</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed <i>Single</i>		Name of <del>Wife or</del> Husband <i>John H. Barnes</i>			
Father's Name <i>Joseph Young</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Kloa Frederick</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>John H. Barnes</i>		How related to deceased <i>husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>7 days</i>
Immediate <i>Pulmonary oedema</i>		How long <i>about 5 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Berg. F. Shipley</i>	Address <i>alpha Md</i>
Accident or Suicide?		



Name  
in  
Full

Sarius Bentley

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *man Laurel**Howard*

Date

Month

Day

Years

Months

Days

of death *1907**3**6*

Age

*93*

Sex

*male*Color or  
Race*white*Birth-  
place*New York*

Occupation

*retired*Where Residing if not  
at place of death*at his home*Married, Single  
or Widowed*widow*Name of Wife or  
Husband*Don't know*Father's  
Name*Don't know*Father's  
Birthplace*D.K.*Mother's  
Maiden Name*Don't know*Mother's  
Birthplace*D.K.*Name of person giving  
Information*J. W. Linthicum*How related  
to deceased*Physician*

## CAUSES OF DEATH

**(154)**

Primary

*Infirmities of Age*

How long

*Several years*

Immediate

*Exhaustion*

How long

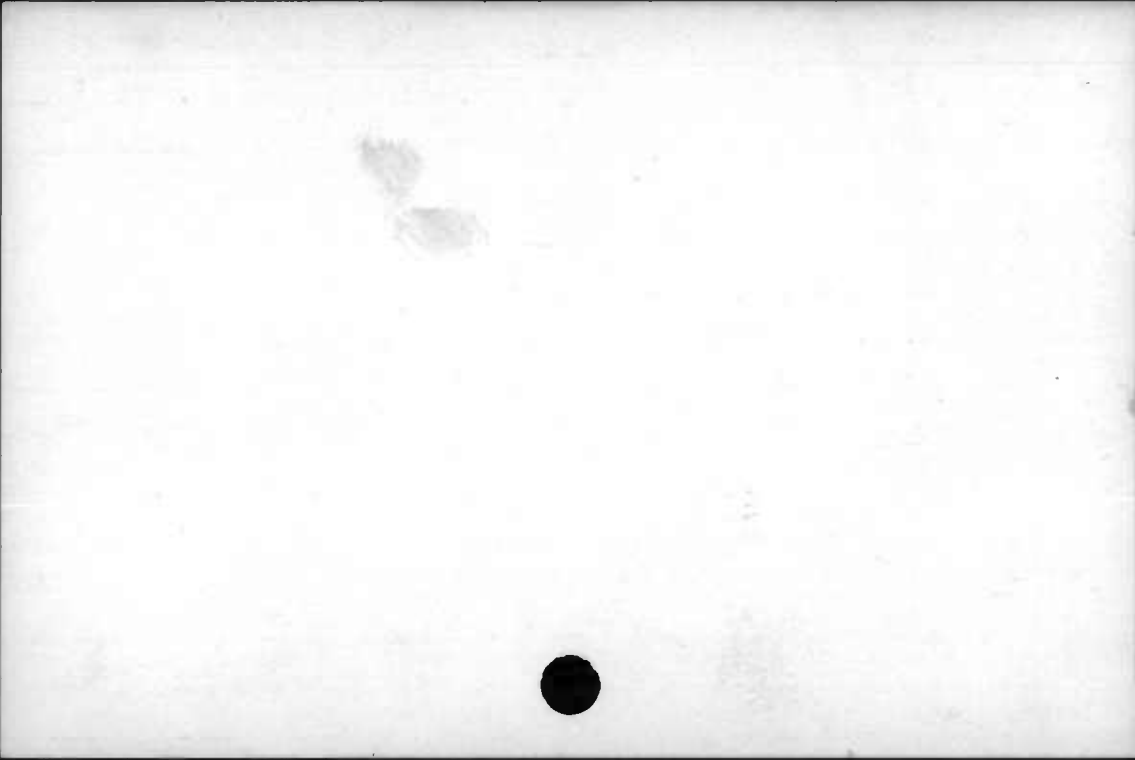
*Progressive*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*William M. S.*

Address

*Savage*

Accident or Suicide?

*Neither**M.D.*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Colesville</i> Town		<i>Brooks</i> County		MARYLAND	
Date of death	1907	Month	3	Day	10
Age		Years		Months	Days
Sex	<i>female</i>	Color or Race	<i>black</i>	Birth-place	<i>md</i>
Occupation	<i>none</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband			
Father's Name	<i>not ascertained</i>			Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>Lizzie Brooks</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Cassie Brooks</i>			How related to deceased	<i>Sister-in-law</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>still born</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W F Taylor</i>
		Address	<i>Laurel Md</i>
Accident or Suicide?			





Name  
in  
Full

Stillbirth

Caster

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chester City</i> Town		<i>Harrod</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>16</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Ellis F. Corley</i>	Father's Birthplace <i>N.C.</i>				
Mother's Maiden Name <i>Maggie Forley</i>	Mother's Birthplace <i>Pa.</i>				
Name of person giving information <i>Ellis F. Corley</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still-birth</i>	<i>(S)</i>	How long
Immediate <i>Same</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Downing</i>	
	Address <i>Chester City</i>	
Accident or Suicide? <i>neither</i>		<i>Ind.</i>



Name  
in  
Full

Henry Demmead

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

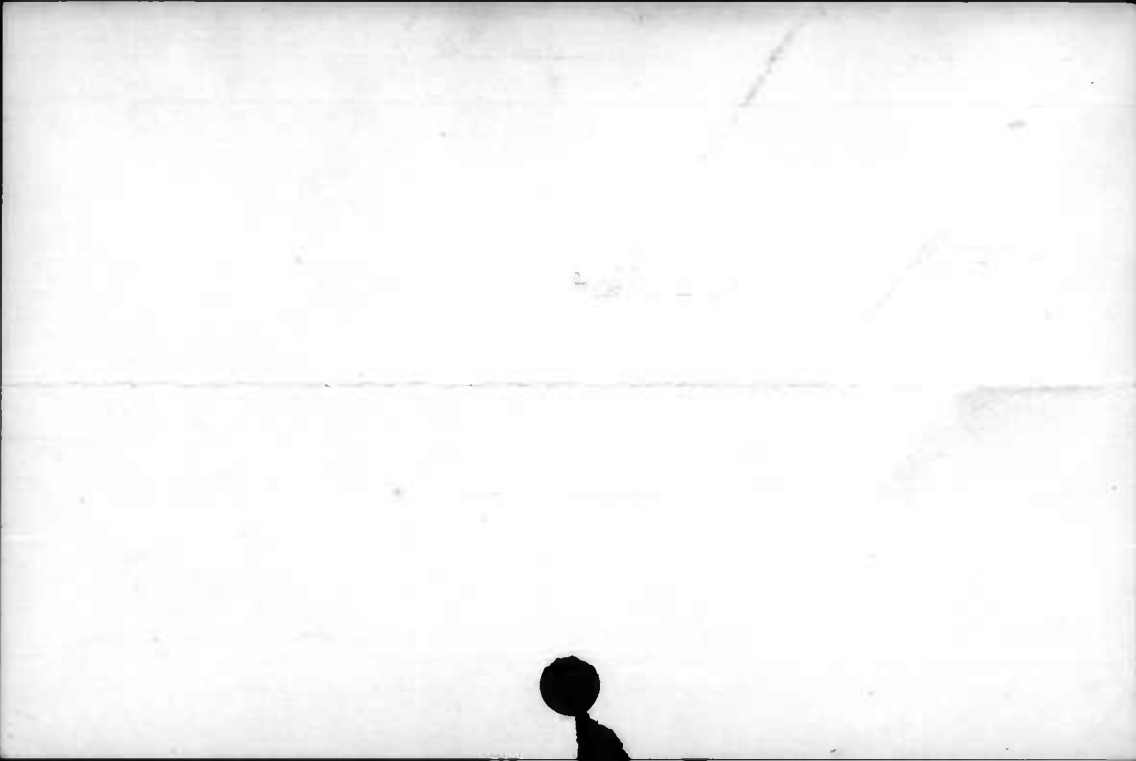
Died at <i>Blacksville</i>		Town <i>Blacksville</i>		County <i>Howard</i>	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>13</i>	Age <i>78</i>	Years <i>78</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Machinist</i>	Where Residing if not at place of death <i>Blacksville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Julia Demmead</i>				
Father's Name <i>Henry Demmead</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Hannah Garside</i>	Mother's Birthplace <i>England</i>				
Name of person giving information <i>Susie Reuehan</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>Influenza, Contusions of back</i>	How long <i>1 month</i>
Immediate <i>Hypostatic congestion of lungs</i>	How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. N. D. Cissel</i>
	Address <i>Highland Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full

Certificate of Death

*Margaret B. Horney*

Town *Greenwood* County *Howard* MARYLAND

Died at *Greenwood* *Howard*

Date 19*07* Month *Mar* Day *8* Y. *81* M. *8* D. *8* Native of *Md.* Occupation *None*

~~Male~~ ☒ ~~White~~ ☒ ~~Married~~ ☒ ~~Widow~~ ☒ ~~Divorced~~ ☒  
 Female ☐ ~~Colored~~ ☐ Single ☐ ~~Widower~~ ☐ Number of children living *0*

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name *Humphrey Horney* Mother's Name *Richard Owens*  
 Maiden Name \_\_\_\_\_

Cause of Death { Primary *Chronic Bronchitis* How long sick *3 months*  
 Immediate *Exhaustion* *(91)* ~~Accident, Suicide, Homicide~~

Reported by *J. W. Lacy*

Address *Liberty, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

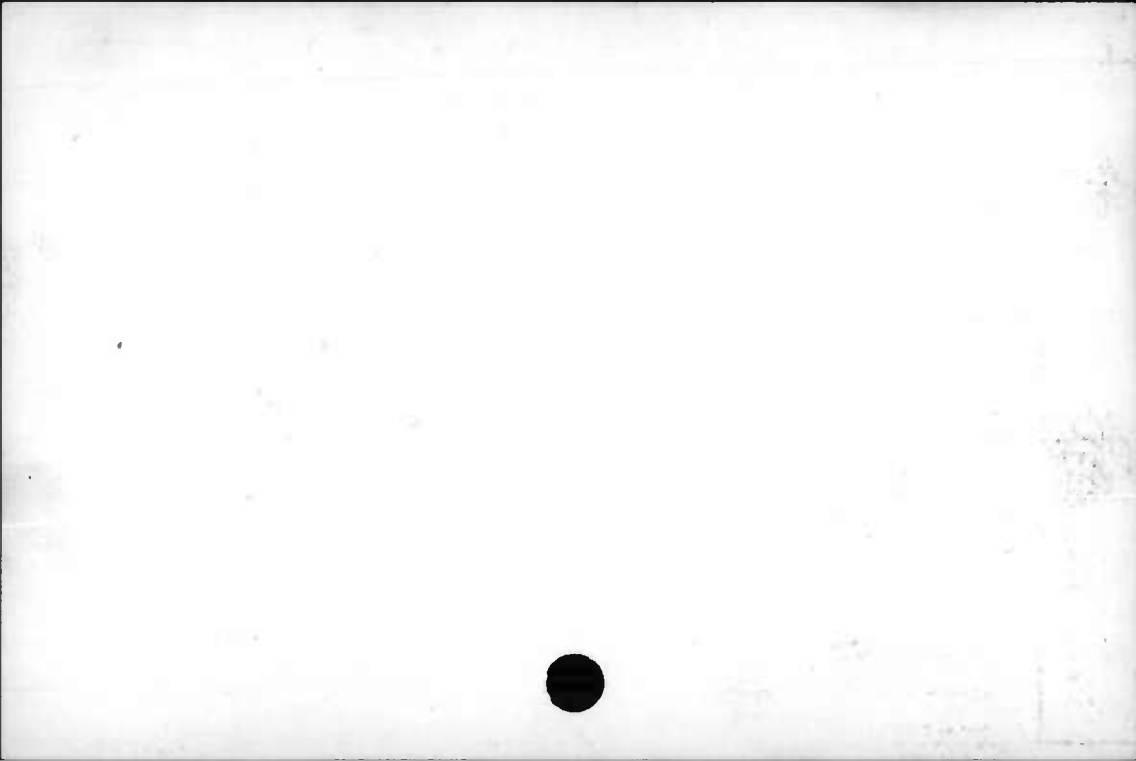
Died at		Town		County	
Callicott City		Harward			
Date of death	1907	Month	3	Day	29
Age		Years		Months	
80		9		9	
Sex	Female		Color or Race	White	
Birth-place	Balto Ind.				
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Widow		Name of Wife or Husband		
John E. Dunkel					
Father's Name	Dr John B. Davidge		Father's Birthplace		
Unknown					
Mother's Maiden Name	Rebecca Frause		Mother's Birthplace		
Unknown					
Name of person giving information	Anna Dunkel		How related to deceased		
Daughter					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	General Debility		How long	—
Immediate	Asthma		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			D. E. Stultz	
			Address	
			Calonsville	
			Ind	
Accident or Suicide?				





Name  
in  
Full

Wilbur A Dyson

## CERTIFICATE OF DEATH

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NEAREST FRIEND

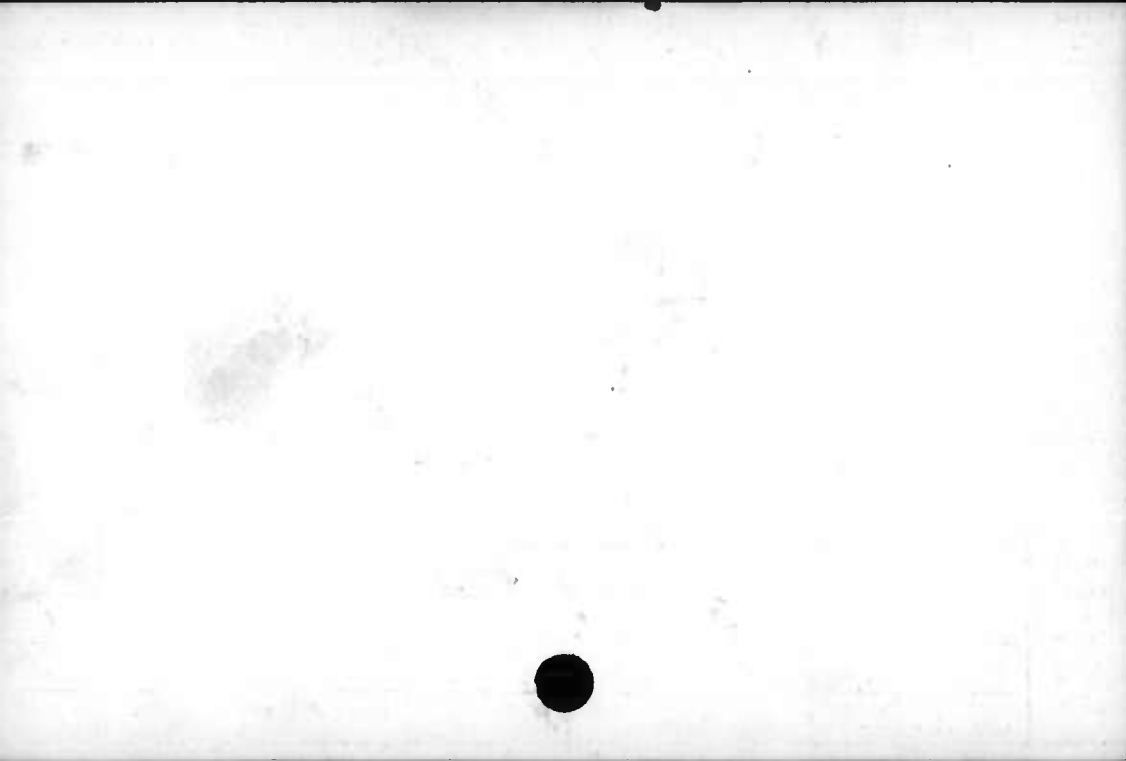
Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>13</i>	Age <i>3</i>	Years <i>3</i>	Months <i>6</i>	Days <i>9</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Maryland</i>
Occupation	<i>none</i>			Where Residing if not at place of death <i>Ellicott City</i>			
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband <i>none</i>				
Father's Name	<i>Eduard A Dyson</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Johanna V. Schbach</i>					Mother's Birthplace	<i>Maryland</i>
Name of person giving Information	<i>Eduard A Dyson</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

(90)

PHYSICIAN  
OR CORONER

Primary	<i>Capillary Bronchitis</i>		How long	<i>5 days</i>
Immediate	<i>Asthma</i>		How long	<i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>J. G. Owens</i>
			Address	<i>Ellicott City</i>
Accident or Suicide?	<i>Neither</i>			<i>Med.</i>



Name  
in  
Full

Henry John Eurich

## CERTIFICATE OF DEATH

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NEAREST FRIEND

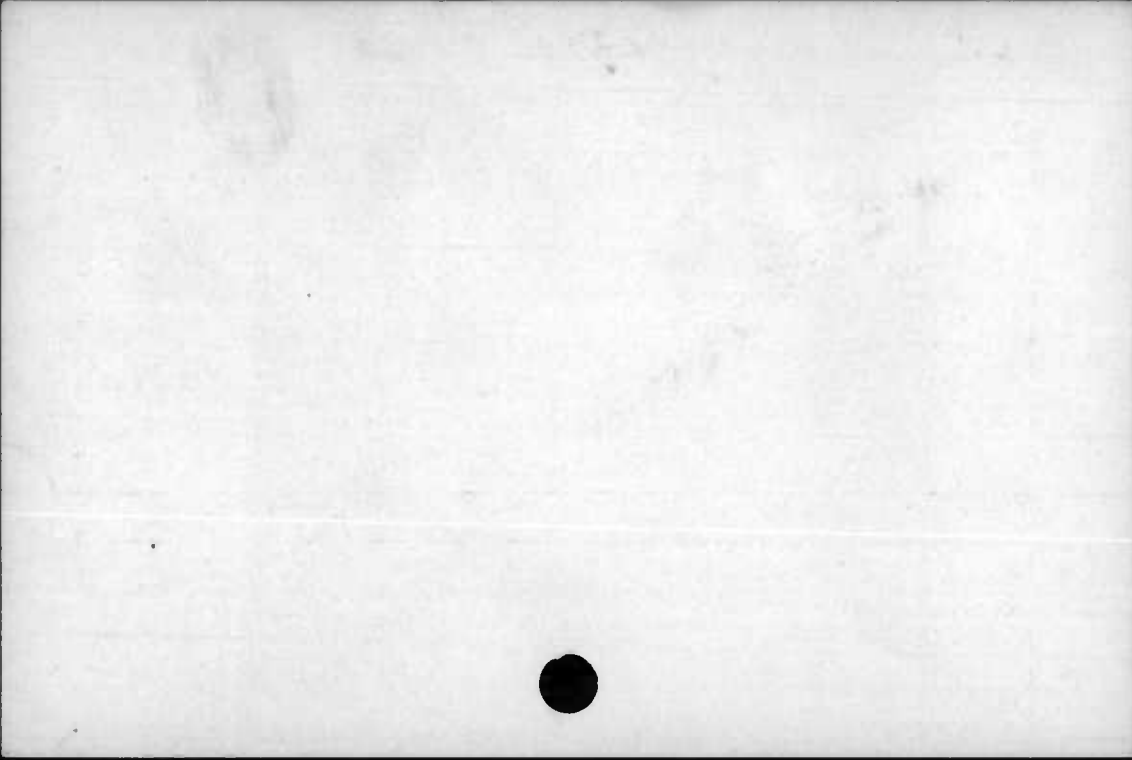
Died at		Town Mayfield		County Howard		MARYLAND	
Date of death	1907	Month March	Day 17	Age 24	Years	Months 8	Days —
Sex	Male		Color or Race	White		Birth- place	Germany
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Hanna Charlotte Fertock			
Father's Name	John Eurich				Father's Birthplace	Germany	
Mother's Maiden Name	Elizabeth Anna Dittmar				Mother's Birthplace	Germany	
Name of person giving In formation	Hanna Charlotte Eurich				How related to deceased	Wife	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Laryngeal Tuberculosis	How long	
Immediate	Extended Lung Tuberculosis	How long	4 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Walter Webb Jr.
		Address	West Friendship Howard County Md.
Accident or Suicide?	—		



Name  
in  
Full

Child of Wm Hanson

## CERTIFICATE OF DEATH

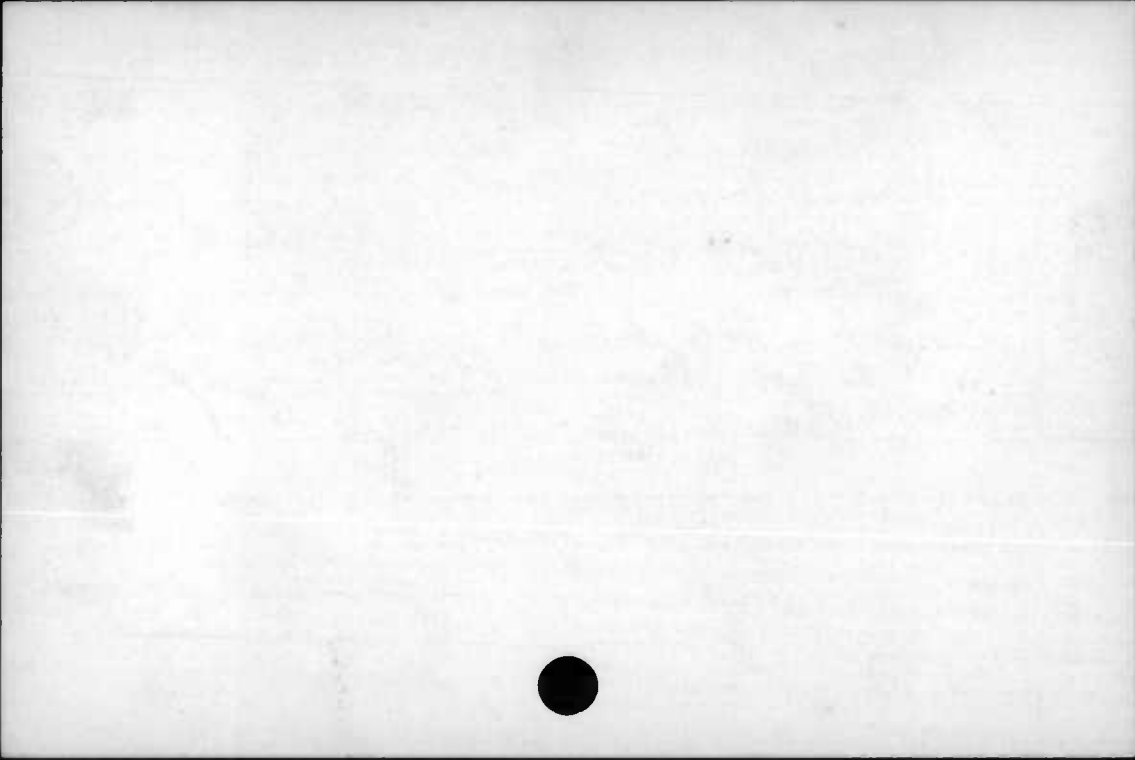
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Rockland</u> <small>Town</small>		<u>Stroud</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month <u>March</u>	Day <u>27</u>	Age <u>still - Born</u>	Years <u>—</u> Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Wm Hanson</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Seatherbeck Grimes</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Wm Hanson</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>still Birth</u>	How long	<u>8</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Fran E Miller M.D.</u>	
<u>—</u>		Address <u>Alburt, Md</u>	
<u>—</u>		<u>—</u>	
Accident or Suicide?		<u>—</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

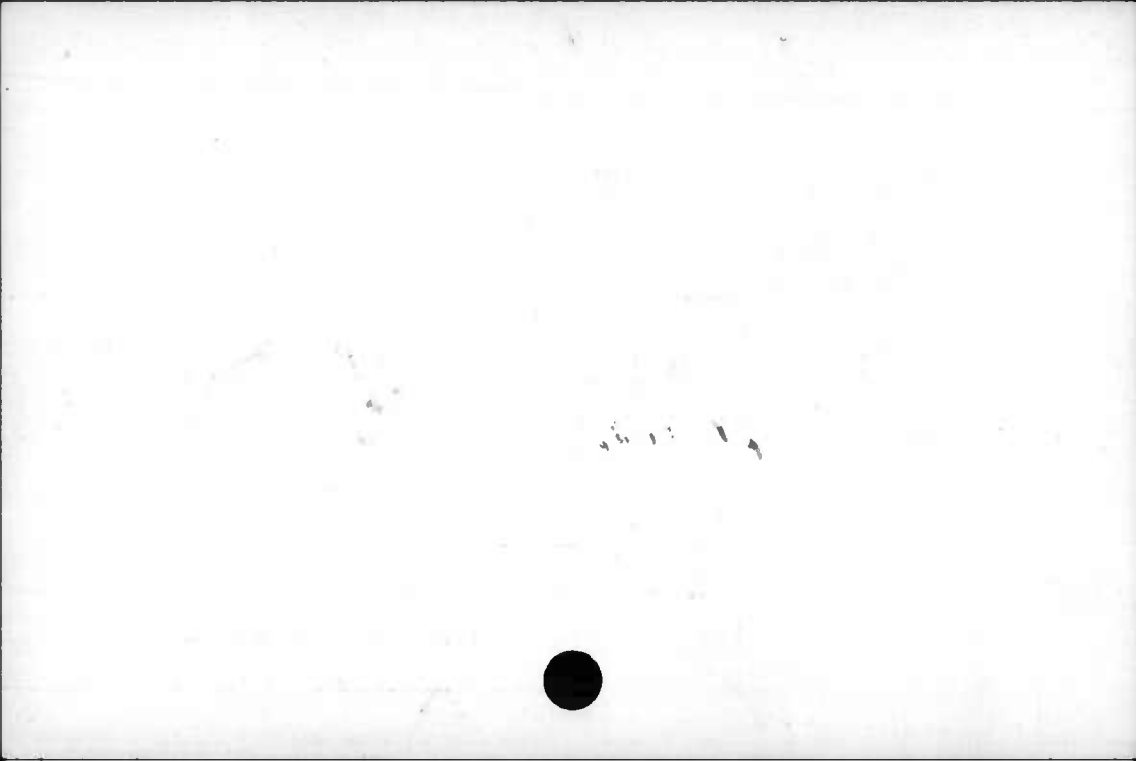
Died at		Town <i>Highland</i>		County <i>Howard</i>		MARYLAND	
Date of death		Month <i>March</i>	Day <i>21</i>	Age <i>64</i>	Years	Months <i>7</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Highland</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Annie Harding</i>					
Father's Name <i>John Harding</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>do not know</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Leonard Purvis</i>		How related to deceased <i>Son-in-law</i>					

## CAUSES OF DEATH

159

PHYSICIAN  
OR CORONER

Primary	<i>Suicide with gun</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. A. Nichols</i>
<i>Yes</i>		Address <i>Dayton Md</i>
Accident or Suicide?		





Name  
in  
Full

Mildred Horman

## CERTIFICATE OF DEATH

Died at *Near Sykesville*

Town

*Howard*

County

MARYLAND

Date of death *1907 Mar*

Month

Day

Age

Years

Months

Days

Sex

*Female*Color or  
Race*white*Birth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Arthur A Horman*Father's  
Birthplace*Frank Co*Mother's  
Maiden Name*Ida E. Northampton*Mother's  
Birthplace*Howard*Name of person giving  
In formation*Mrs B Horman*How related  
to deceased*Grand mother*

## CAUSES OF DEATH

Primary

*Laryngeal Diphtheria*

How long

*5 days*

Immediate

*Exhaustion*

How long

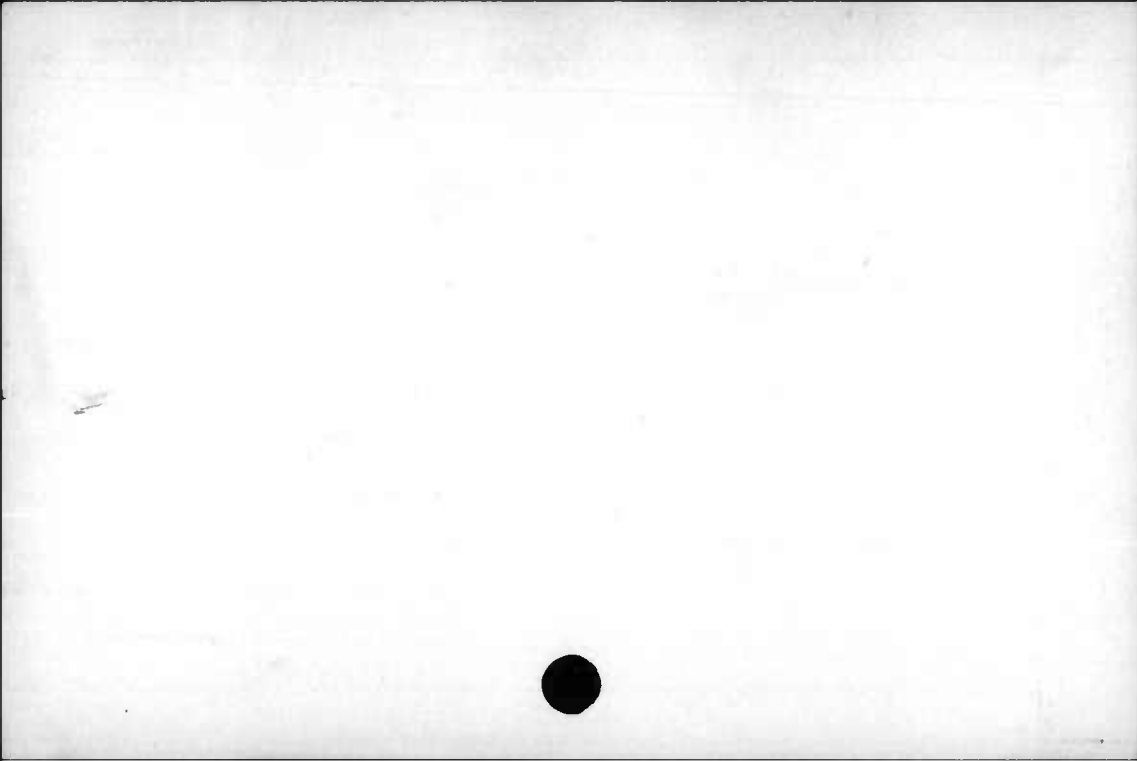
Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Daniel B. Sprecher*

Address

*Sykesville  
Md*

Accident or Suicide?

*—*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

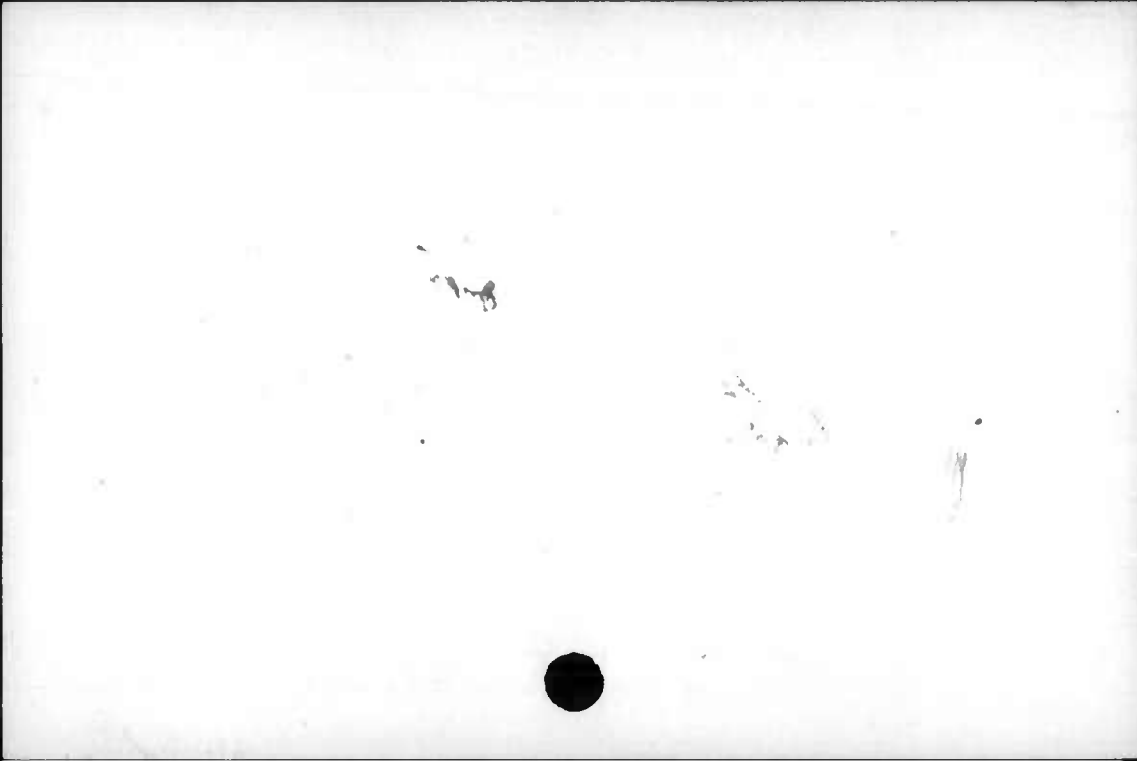
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Shirley</i>		County <i>Jackson</i>		MARYLAND				
Date of death		190	7	Month	15	Day	Age	Years	Months	Days
Sex		<i>Female</i>		Color or Race		<i>Black</i>		Birth-place		<i>Md</i>
Occupation		<i>None</i>		Where Residing if not at place of death						
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband		<i>None</i>				
Father's Name		<i>James Jackson</i>					Father's Birthplace		<i>Md</i>	
Mother's Maiden Name		<i>Mary Jordan</i>					Mother's Birthplace		<i>Md</i>	
Name of person giving information		<i>Mary Jordan</i>					How related to deceased		<i>Mother</i>	

## CAUSES OF DEATH

Primary		<i>Still birth</i>		How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician		<i>S. A. Nichols</i>	
				Address		<i>Dayton</i>	
Accident or Suicide?						<i>Md.</i>	

PHYSICIAN  
OR CORONER



Name  
In  
Full

## CERTIFICATE OF DEATH

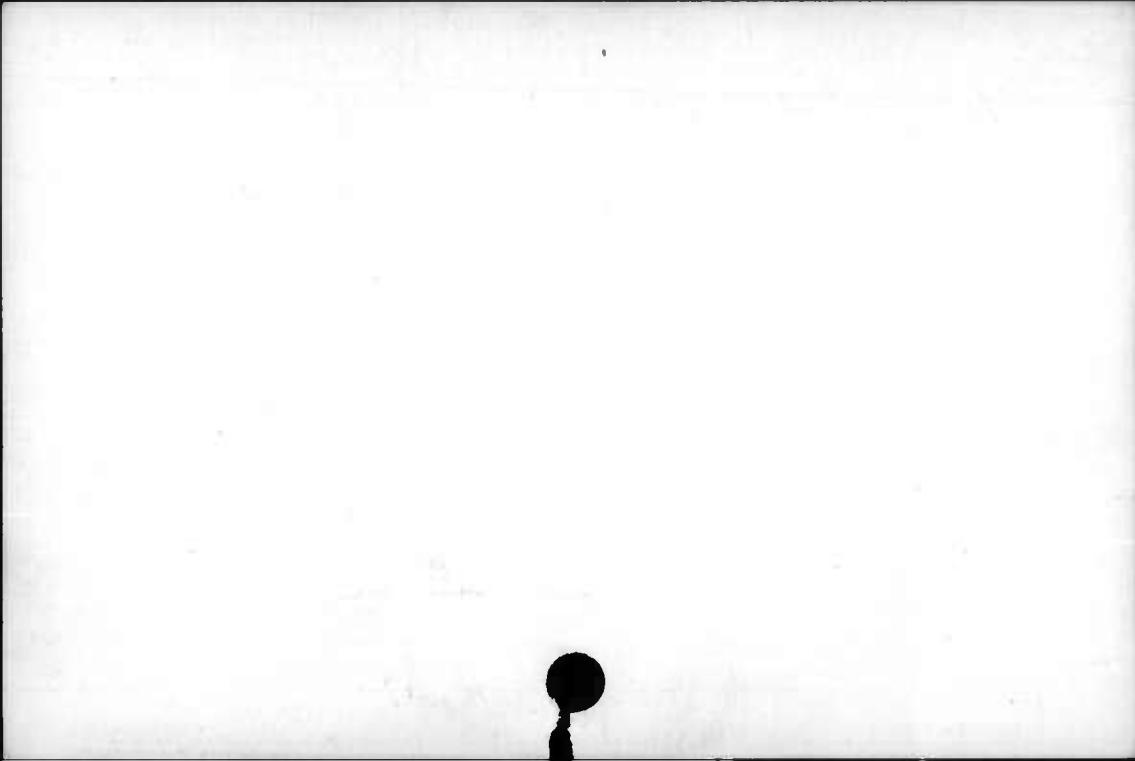
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND		
Date of death		1907	Month <i>Mar</i>	Day <i>10</i>	Age <i>65</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>House Duties</i>		Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Oliver Jones</i>						
Father's Name <i>John Conner</i>		Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Susan Burgess</i>		Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>James. Oliver Jones</i>		How related to deceased <i>Husband</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of Liver</i>	How long	<i>18 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>6 weeks</i>
Are the name, age, sex, color, date, and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Boring</i>	
		Address <i>Ellicott City, Md.</i>	
Accident or Suicide? <i>No</i>			



Name  
In  
Full

## CERTIFICATE OF DEATH

James Mathews

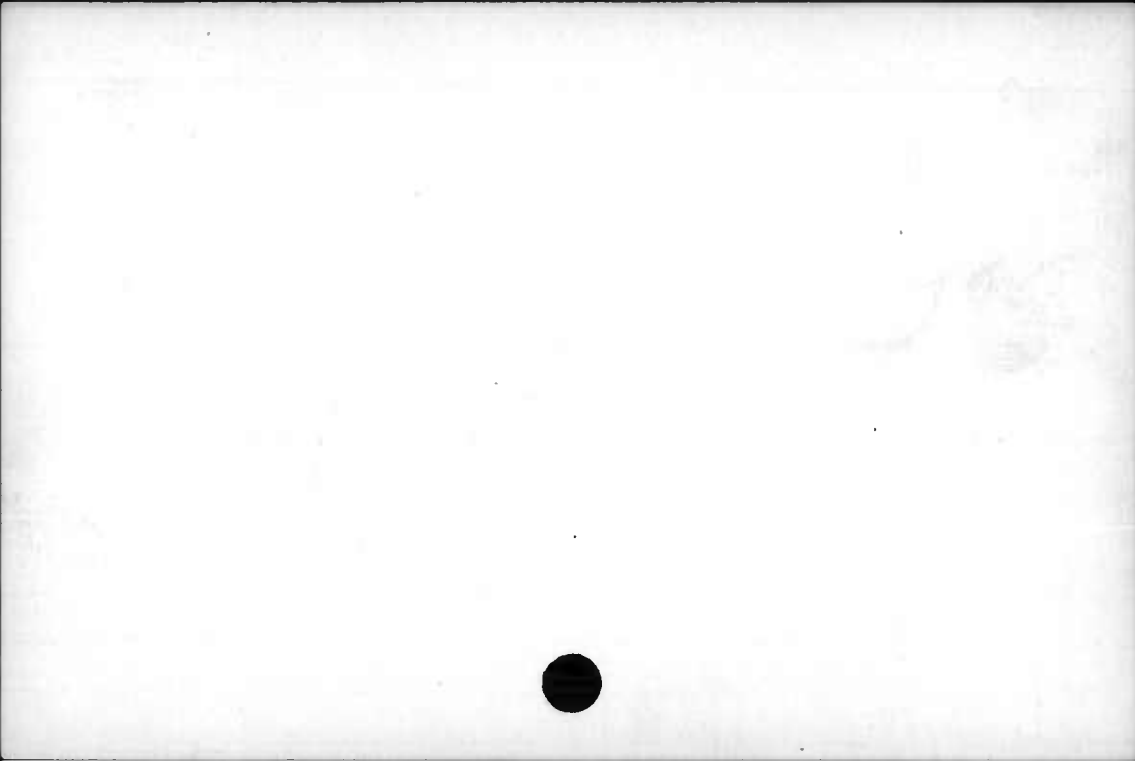
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
<i>1907</i>		<i>Mar</i>	<i>3rd</i>	<i>48</i>			
Sex	<i>Male</i>		Color or Race	<i>Colrd</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Labors</i>			Where Residing if not at place of death <i>Ellicott City</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Eliza Mathews</i>			
Father's Name	<i>Geo Mathews</i>			Father's Birthplace	<i>Maryland</i>		
Mother's Maiden Name	<i>Anna Stewart</i>			Mother's Birthplace	<i>South Carolina</i>		
Name of person giving information	<i>Daniel Green</i>			How related to deceased	<i>Niece</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

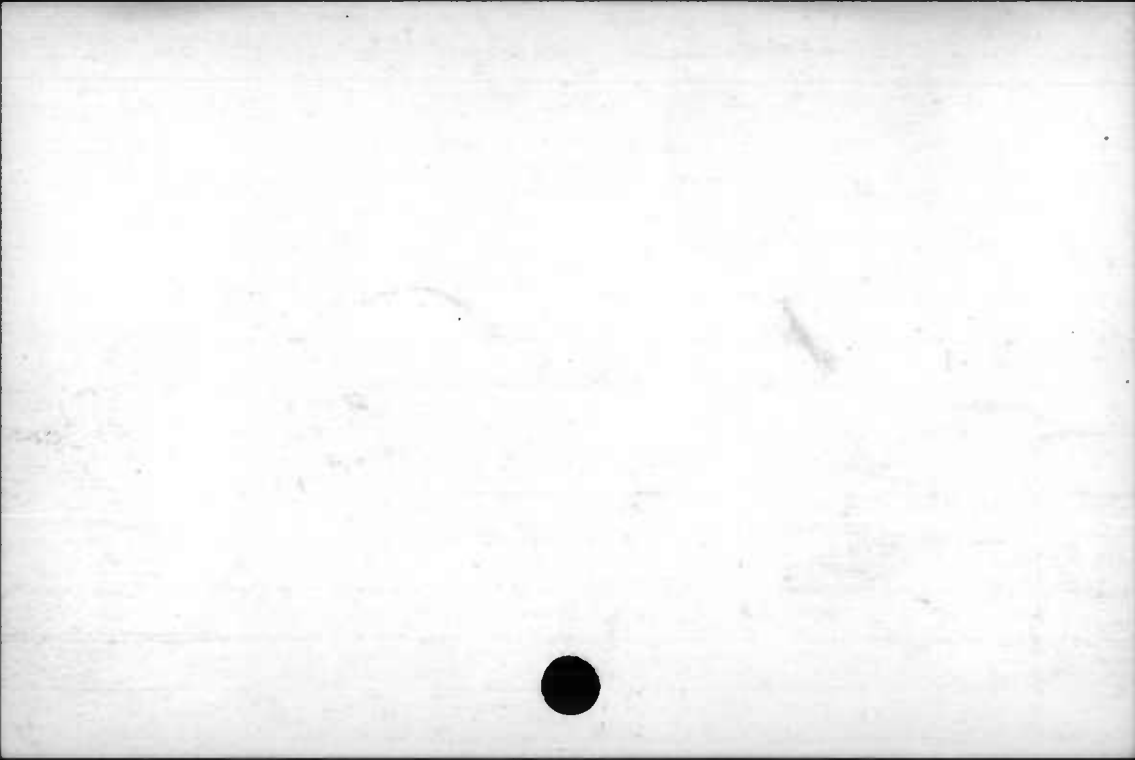
Primary	<i>Tuberculosis</i>	(27)	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John F. Manges</i>		
		Address <i>Ellicott City Md</i>		
Accident or Suicide?				





Name in Full		Bridget O'Ferrall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annap. <sup>Town</sup> <i>1st</i>		County <i>Howard</i>		MARYLAND	
	Date of death	1907	Month <i>3</i>	Day <i>11</i>	Age	Years <i>85</i>	Months Days
	Sex	<i>female</i>		Color or Race	<i>Irish</i>		Birth-place
	Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>Annap. 1st</i>	
	Married, Single or Widowed	<i>widow</i>	Name of Wife or Husband		<i>Francis O'Ferrall</i>		
	Father's Name	<i>Thomas Ezyer</i>		Father's Birthplace	<i>Ireland</i>		
	Mother's Maiden Name	<i>Margaret Savary</i>		Mother's Birthplace	<i>Ireland</i>		
Name of person giving information	<i>Louisa Devoyen</i>		How related to deceased		<i>Daughter</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Senile debility</i>				How long	<i>Several months</i>
	Immediate	<i>Heart failure</i>				How long	<i>Progressive</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician		
					Address		
	Accident or Suicide?		<i>Neither</i>		<i>Whitticum M.D.</i> <i>Savage M.D.</i>		

(154)



Name  
in  
Full

Wilhelmina L. T. Oldfield

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Ellicott* <sup>Town</sup> *city* <sup>County</sup> *Annapolis* **MARYLAND**

Date of death *1907* <sup>Month</sup> *March* <sup>Day</sup> *28* <sup>Years</sup> *64* <sup>Months</sup> *3* <sup>Days</sup> *17*

Sex *Female* Color or Race *White* Birth-place *New Orleans*

Occupation *House keeper* Where Residing if not at place of death *Ellicott city*

Married, Single or Widowed *married* Name of Wife or Husband *Hamilton Oldfield*

Father's Name *Fredrick E. Gerrault* Father's Birthplace *Germany*

Mother's Maiden Name *Eliza G. Thomas* Mother's Birthplace *Balto*

Name of person giving information *Hamilton Oldfield* How related to deceased *Husband*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Valvula feriens of Heart* <sup>How long</sup> *10 weeks*

Immediate *Heart failure* <sup>How long</sup> *sudden*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John F. Manges*

Address *Ellicott city, Md*

Accident or Suicide? *\*



Name  
in  
Full

Luther Stevenson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

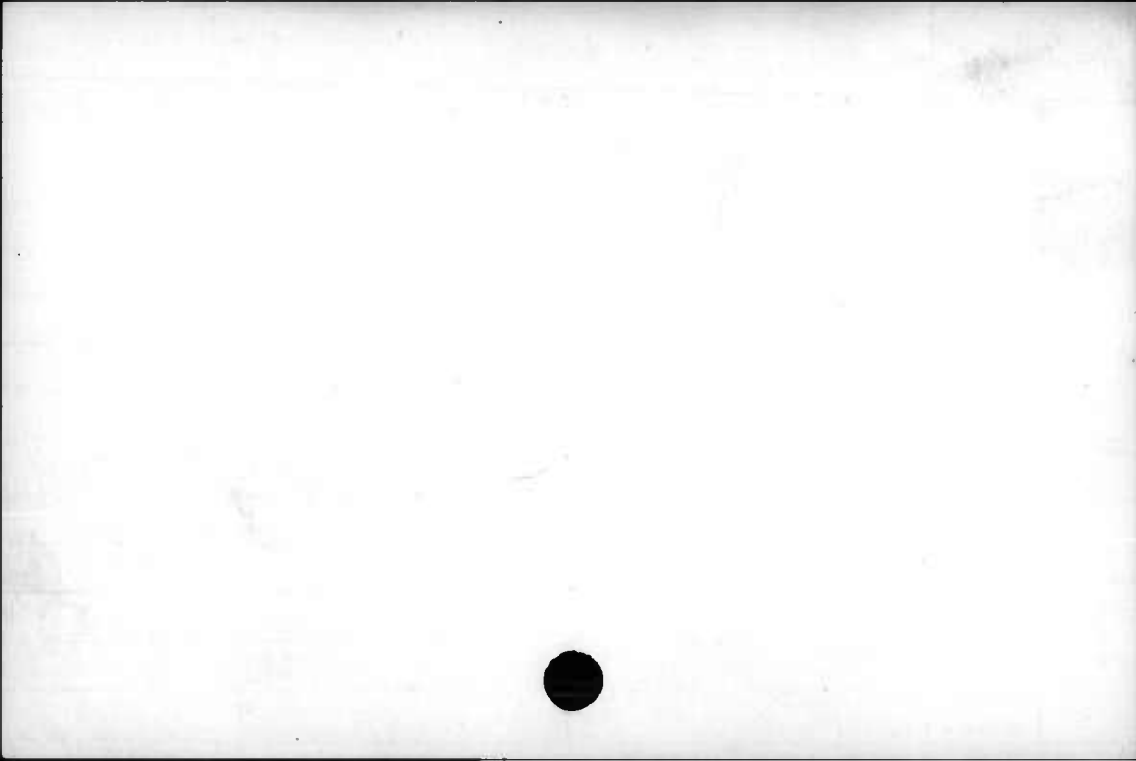
Died at <i>Rinehart's Camp</i>		Town <i>Howard</i>		County	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>4</i>	Age <i>2</i>	Years	Month
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Stevenson</i>		Father's Birthplace <i>Alabama</i>			
Mother's Maiden Name <i>Dora Geter</i>		Mother's Birthplace <i>South C</i>			
Name of person giving information <i>John Stevenson</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

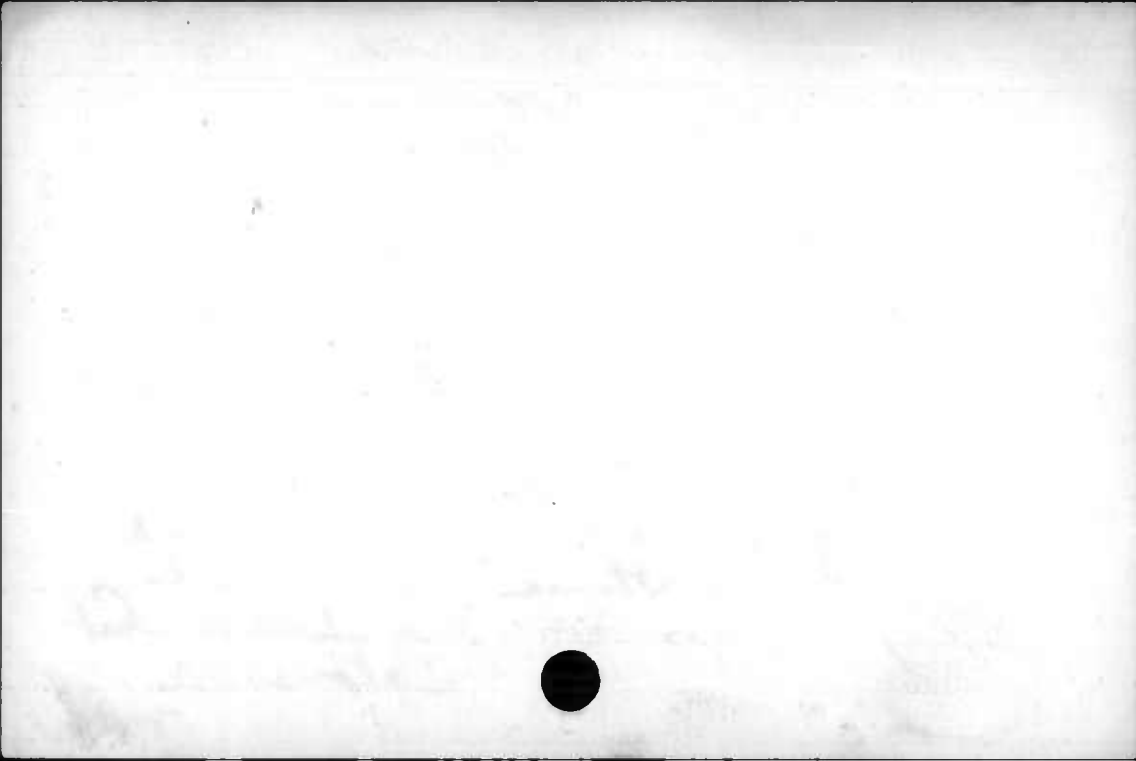
27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm B. Lambrell</i>
	Address <i>Albinston, Md</i>
Accident or Suicide?	



Name in Full		Stevenson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died <i>near Honey's Run</i> Town		<i>Howard</i> County		MARYLAND		
	Date of death <i>1907</i> Month <i>Feb</i> Day <i>5</i>		Age <i>—</i> Years		Months <i>—</i>		Days <i>—</i>
	Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>near Honey's Run Howard Co, Md</i>		
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>				
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>John Stevenson</i>				Father's Birthplace <i>Alabama</i>		
	Mother's Maiden Name <i>Dora Jester</i>				Mother's Birthplace <i>Union, D. C.</i>		
Name of person giving information <i>Dora Stevenson</i>				How related to deceased <i>Mother</i>			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Still Born</i>		<i>(S)</i>		How long <i>—</i>		
	Immediate <i>—</i>				How long <i>—</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Gambrell</i>		Address <i>Albinston, Md.</i>		
	Accident or Suicide?						





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jean Turner Stewart* County *Howard C.*

Died at *Ladyswood* *Forma Reheter*

Date of death *1907* Month *March* Day *11* Age *2 1/2 years* Months *2* Days *7*

Sex *Female* Color or Race *White* Birth-place *Howard C.*

Occupation *made none* Where Residing if not at place of death *Elthester*

Married, Single or Widowed *single* Name of Wife or Husband *single*

Father's Name *Wm. A. Stewart* Father's Birthplace *Md.*

Mother's Maiden Name *Sarah Beverly Carter* Mother's Birthplace *Ta.*

Name of person giving information *Father* How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Erysipelas* *(18)* How long *1 week.*

Immediate *asthenia* How long *2 days*

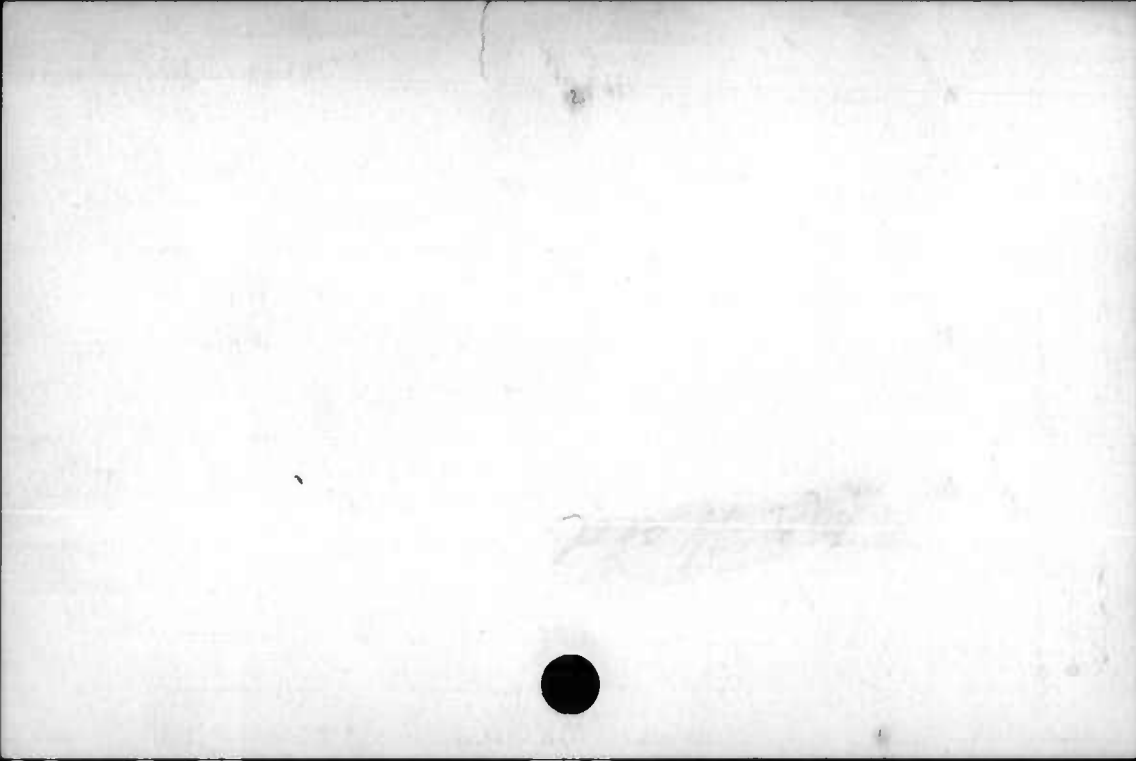
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Marshall B. West,*

Address *Catonsville,*

*Md.*

Accident or Suicide? *✓*



Name  
in  
Full

Robert Stoffel

## CERTIFICATE OF DEATH

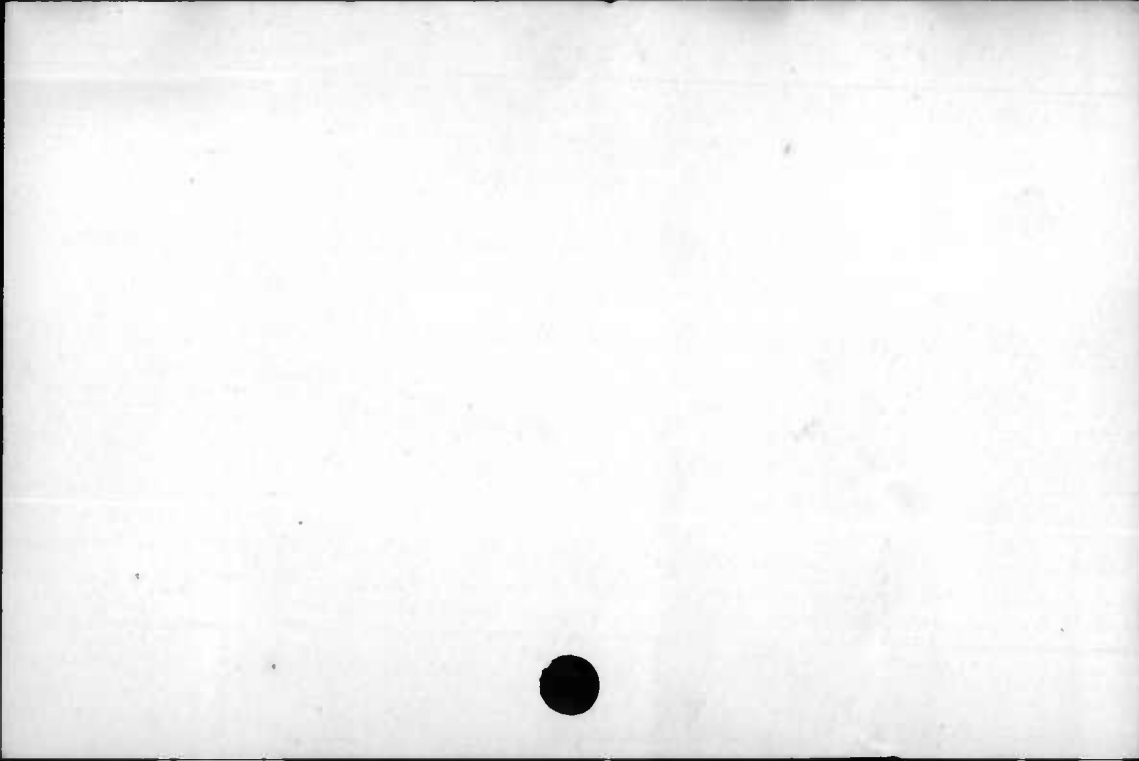
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Jessups</i>		County <i>Harvard</i>		MARYLAND	
Date of death		Month <i>7 March</i>	Day <i>18-21</i>	Age	Years <i>40</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Germany</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death <i>Jessups</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Unknown (157)</i>					Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>William Easton</i>					How related to deceased	<i>not at all</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Suicide by hanging himself</i>	How long
Immediate	<i>hanging</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>James P. Hasbun</i>
		Address <i>Acting Coroner</i>
Accident or Suicide?	<i>Suicide</i>	<i>Savage Ma</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

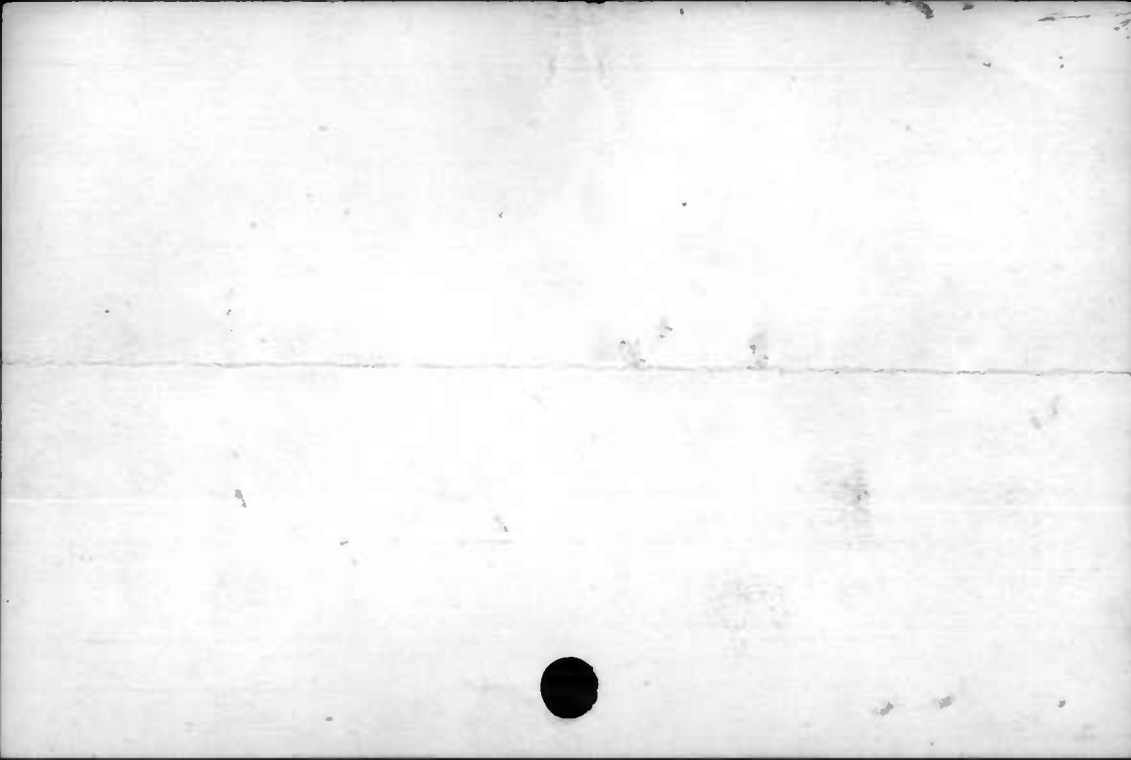
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Robert Stoffel</i>		Town <i>Guilford</i>		County <i>Howard Co</i>		MARYLAND	
Died at		Date of death <i>20</i> <i>Mar</i> <i>1907</i>		Day <i>Wednesday</i> Age <i>42</i> about		Months <i></i> Days <i></i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cayman Islands</i>			
Occupation <i>Labor</i>		Where Residing if not at place of death <i>W. Co. Guilford</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Robert Stoffel</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Mrs William Easton</i>		How related to deceased <i>none</i>					

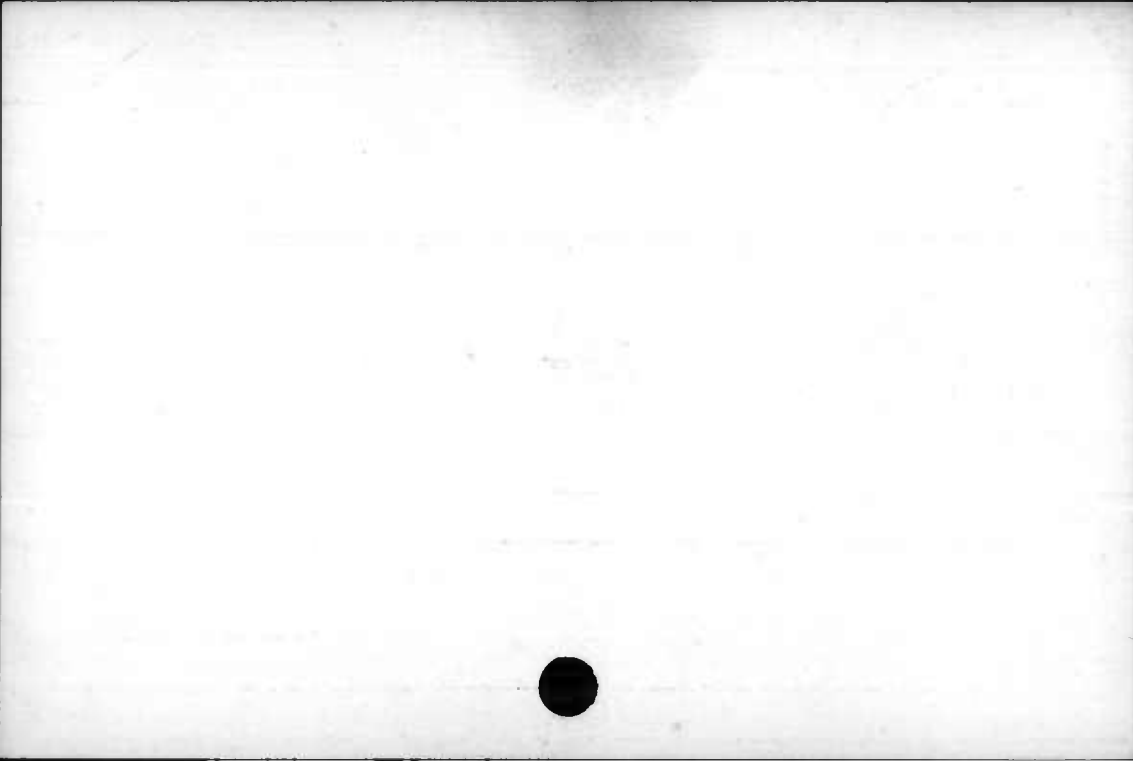
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Suffocation - Hanging</i>		How long <i>unknown</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. Tumbleson</i>	
		Address <i>Guilford</i>	
Accident or Suicide? <i>Suicide</i>		<i>Howard Co Md</i>	



Name in Full		Certificate of Death			
Mary M. Suter		Died at <sup>Town</sup> Marriottsville		County Howard	
Date of death 1907		Month	Day	Years	Months
mch			28 <sup>th</sup>	27	1
Sex Female		Color or Race colored		Birth-place St Marys Co Md	
Occupation Housewife		Where Residing if not at place of death at her home			
Married, Single or Widowed		Name of <del>Wife</del> Husband Joseph M. Suter			
Father's Name Geo. W. Bankings		Father's Birthplace Not Known			
Mother's Maiden Name Mary E. Thomas		Mother's Birthplace St Marys Co Md			
Name of person giving information Henry W. Suter		How related to deceased Husband			
CAUSES OF DEATH					
Primary Double Pneumonia		How long 5 days			
Immediate Pulmonary oedema		How long about 2 hrs			
Are the name, age, sex, color, date and place correctly given above?		yes			
Signature of Physician		Bing F. Shipley			
Address		Alpha			
Accident or Suicide?		Howard Co Md			





Name  
in  
Full

Thomas

CERTIFICATE OF DEATH

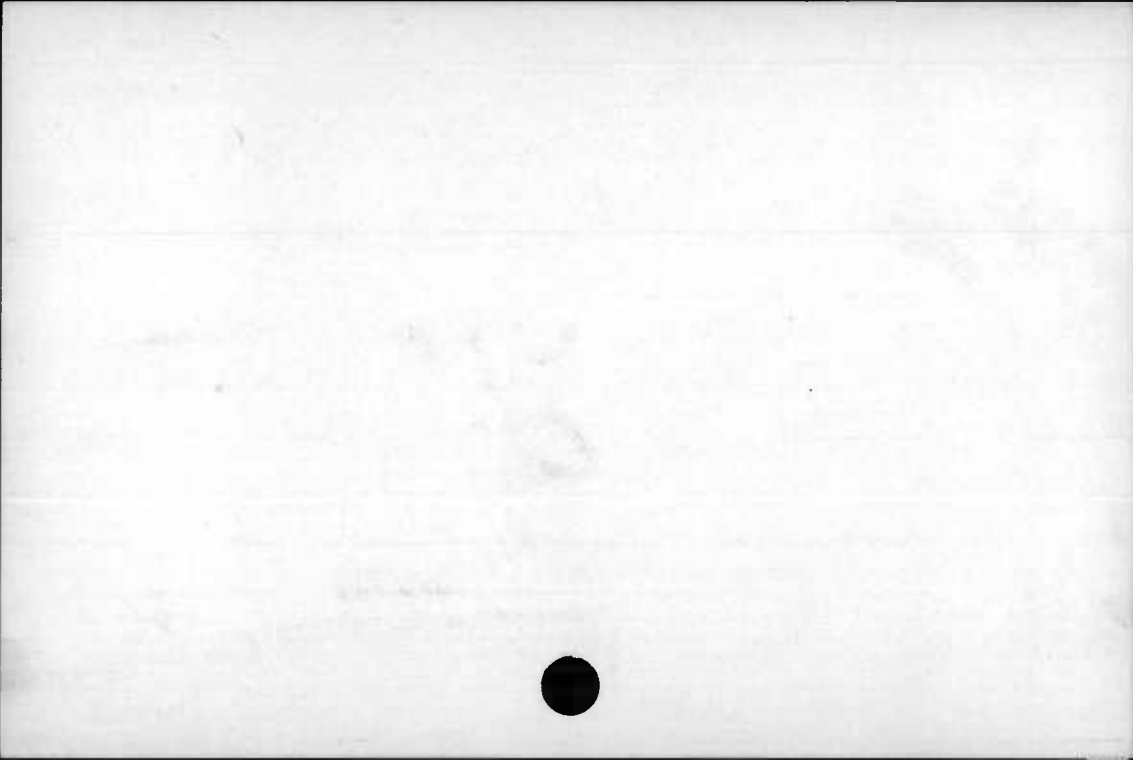
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bellows Corner</i>		Town <i>Thomson</i>		County <i>Thomson</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>1</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>	Days <i>0</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>Bellows Corner</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Joseph Thomas</i>	Father's Birthplace <i>Ind.</i>						
Mother's Maiden Name <i>Lionel's Heale</i>	Mother's Birthplace <i>Ind.</i>						
Name of person giving information <i>Francis Thomas</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Atelactasis</i>	How long <i>6 days</i>
Immediate <i>same</i>	How long <i>same</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. G. Owens M.D.</i>
	Address <i>Clinton City, Ind.</i>
Accident or Suicide? <i>neither</i>	<i>No Doctor</i>



Name  
in  
Full

Lillie Wallace

## CERTIFICATE OF DEATH

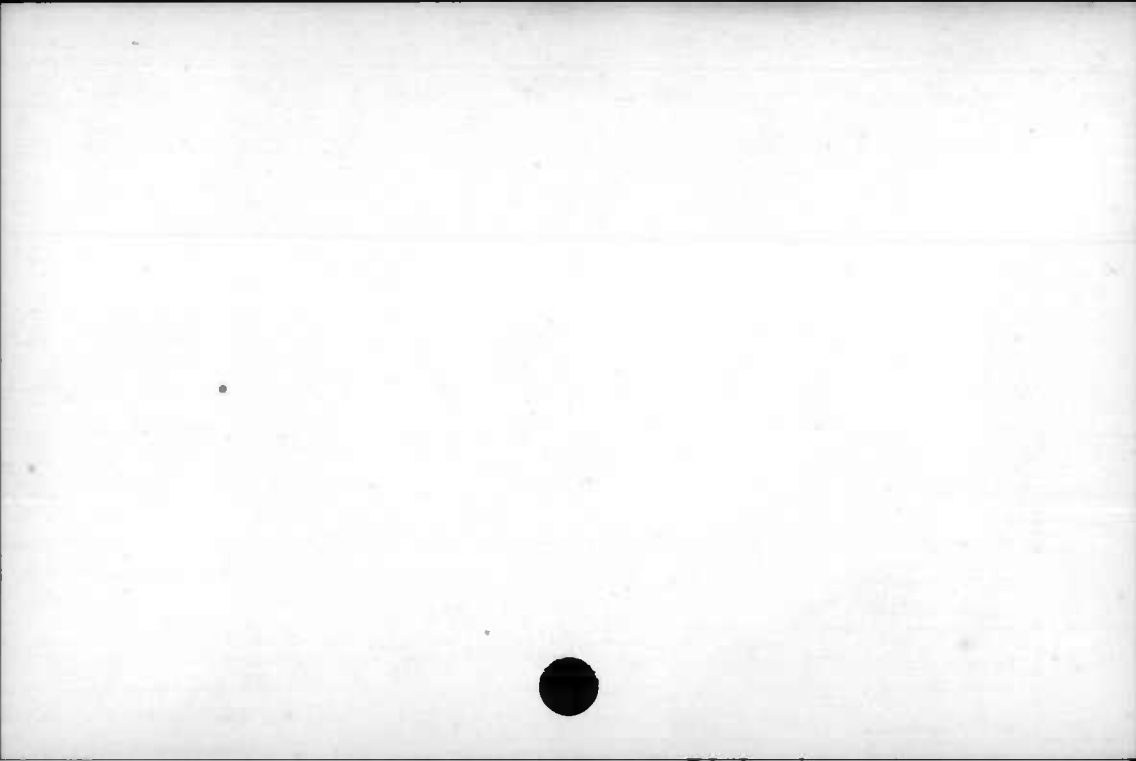
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Savage		County Howard		MARYLAND	
Date of death 1907		Month 3	Day 31	Age Years		Months 4	Days 17
Sex Female		Color or Race Black		Birth-place Md			
Occupation Infant		Where Residing if not at place of death Savage					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Joseph Wallace		Father's Birthplace Md					
Mother's Maiden Name Georgiana Brinkley		Mother's Birthplace Md					
Name of person giving information Georgiana Wallace		How related to deceased Mother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pertussis (8)	How long	4 months
Immediate	Strangulation	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	L. L. Williams M.D.
		Address	Savage Md
Accident or Suicide?	murder		



Name  
in  
Full

Alice Gene Warkley

## CERTIFICATE OF DEATH

MARYLAND

Died at Town  
SavageCounty  
HowardDate of death 1907  
Month 3 Day 23Age Years Months Days  
1 7Sex  
FemaleColor or Race  
whiteBirth-place  
Savage, MdOccupation  
InfantWhere Residing if not at place of death  
SavageMarried, Single or Widowed  
single

Name of Wife or Husband

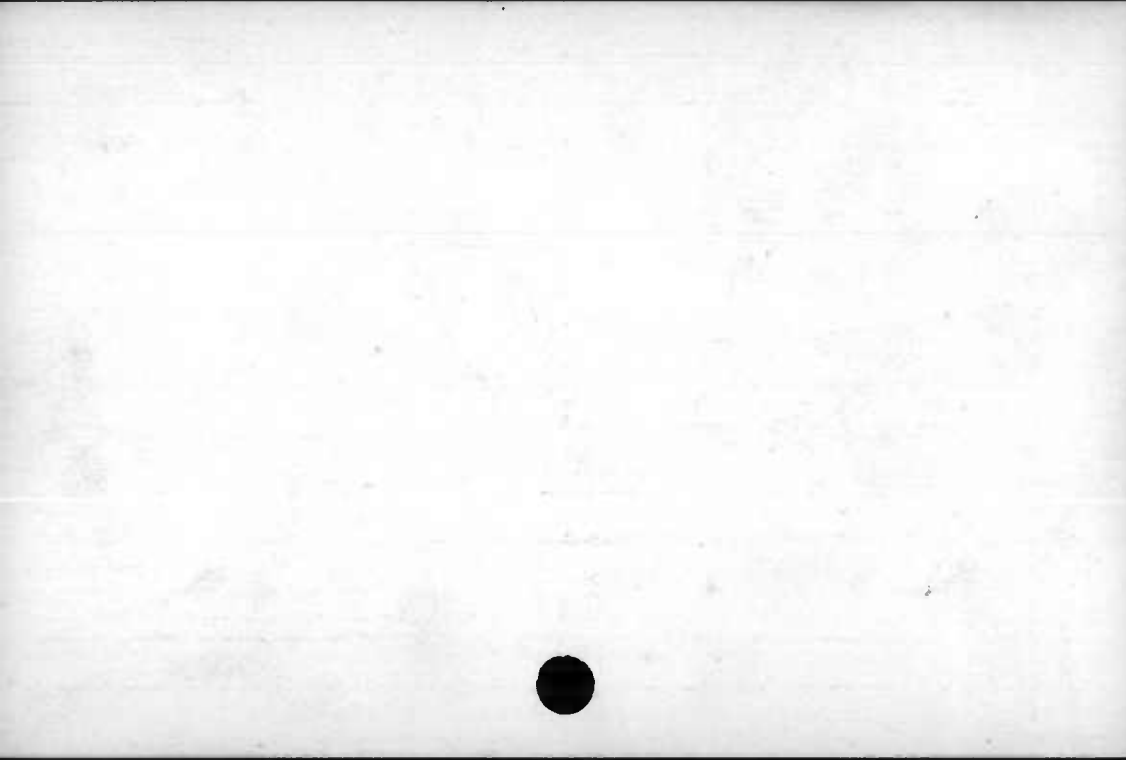
Father's Name  
Maurice E. WarkleyFather's Birthplace  
MdMother's Maiden Name  
Lilly M. HebrmanMother's Birthplace  
MdName of person giving information  
Maurice E. WarkleyHow related to deceased  
father

## CAUSES OF DEATH

Primary  
Indigestion

104

How long  
5 weeksImmediate  
LeucemiaHow long  
4 hrsAre the name, age, sex, color, date and place correctly given above?  
yesSignature of Physician  
William H. B.Address  
SavageAccident or Suicide?  
misadTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Albert Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Dorsey P.O.</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death	1907	Month	March	Day	14	Age	38
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		Months	Days
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>near Savage.</i>					
Married, <del>Single</del> or Widowed		Name of Wife or Husband <i>Maud Clark</i>					
Father's Name <i>done &amp; done</i>		Father's Birthplace <i>done &amp; done</i>					
Mother's Maiden Name <i>done &amp; done</i>		Mother's Birthplace <i>done &amp; done</i>					
Name of person giving information <i>Thomas O'Neal</i>		How related to deceased <i>Employer</i>					

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary	<i>Broken neck. (Lateral dislocation of cervical vertebrae.)</i>	
Immediate	<i>of cervical vertebrae.</i>	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	
Signature of Physician	<i>Wm. R. Eareckson</i>	
Address	<i>Eek Ridge, Md</i>	
Accident or Suicide?	<i>Accident</i>	

Asbury Denning



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Elk Ridge</u> <sup>Town</sup>		<u>Howard</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>March</u>	Day <u>10th</u>	Age <u>68</u> <sup>Years</sup>	Months <u>6</u>	Days <u>21</u>
Sex <u>Feminine</u>	Color or Race <u>White</u>	Birth-place <u>Howard Co.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Elk Ridge, Md.</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Conrad Link</u>				
Father's Name <u>Henry Weaver</u>	Father's Birthplace <u>Reichstein, Germany</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Daniel Link</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <u>Debility from age</u>	How long <u>six months</u>
Immediate <u>same</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Arthur Willoughs</u>
	Address <u>Elk Ridge Md</u>
Accident or Suicide? <u>no</u>	

